

REVOCATION OF POWER OF ATTORNEY AND NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number 10/577,742
 Filing Date July 19, 2006
 First Named Inventor Brett Finlay
 Art Unit 1615
 Examiner Name Unassigned
 Attorney Docket Number 27112-14589

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application, and I hereby appoint:

☒ Practitioners at Customer Number **00758** OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address to, and associate the above-identified application with:

☒ Practitioners at Customer Number **00758**

OR

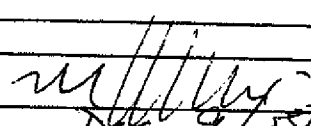
<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	
Title	MARIO A. KASAPI
Signature	 Associate Director
Date	Dec 9/08 University-Industry Liaison Office

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

**REVOCATION OF POWER OF
ATTORNEY AND NEW POWER OF
ATTORNEY AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/577,742
Filing Date	July 19, 2006
First Named Inventor	Brett Finlay
Art Unit	1615
Examiner Name	Unassigned
Attorney Docket Number	27112-14589

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application, and I hereby appoint:

☒ Practitioners at Customer Number **00758** OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address to, and associate the above-identified application with:

☒ Practitioners at Customer Number **00758**

OR


<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	LUIS RAUL CONZALEZ PEREZ
Title	GENERAL COUNSEL
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of **2** forms are submitted.